

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031238

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 4234 Registrar's No. 152

FILED AUG 27 1963

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hume</b>		c. CITY OR TOWN <b>Hume</b>	
Length of stay in 1b <b>life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Sandra</b> Middle <b>Kay</b> Last <b>Dennis</b>		4. DATE OF DEATH Month <b>August</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 9 1946</b>
9. AGE (last birthday) <b>17</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>high school</b>	
11. BIRTHPLACE (City and state or country) <b>Fort Scott Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>usa</b>	
13a. FATHER'S NAME <b>Earl Russell Dennis</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Hanna</b>	
14. NAME OF HUSBAND OR WIFE <b>Earl R. Dennis</b>		Address <b>Hume Missouri</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	
17. INFORMANT <b>Earl R. Dennis</b>		Address <b>Hume Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b> DUE TO (b) <b>RUPTURED CONGENITAL INTRACRANIAL ANEURYSM.</b> DUE TO (c) <b>Sudden D.O.A.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:00</b> a.m. <b>3:00</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Sudden D.O.A.</b>		20f. CITY, TOWN, OR LOCATION <b>Hume</b> COUNTY <b>Bates</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>Sudden D.O.A.</b> and last saw her alive on <b>3 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. B. Stolarowski M.D.</b> (Degree or title)		22b. ADDRESS <b>Hume Mo</b>	
22c. DATE SIGNED <b>8/12/63</b> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Aug 14 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hume Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Hume Bates Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>8-13-63</b>	
26. REGISTRAR'S SIGNATURE <b>Norman Frank Wilson</b>			
27. FUNERAL DIRECTOR <b>TORNESEN FUNERAL HOME HUME MISSOURI</b> <b>Earl G. Torsen</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~XXXX~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Earl W. Jorden

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-13-63-NVC